

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for date of service 11-21-01 through 12-17-01.
- b. The request was received on 3-18-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. EOBs
  - c. TWCC 21 dated 12-20-01
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the letter notifying the Requestor to submit additional documentation to the carrier on 6-7-02. No additional documentation was received so there is no carrier sign sheet. The carrier's initial response is reflected in Exhibit II.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 3-13-02:

"Mr. .... presented to our office requesting care for pain in his lower back that was moderate and constant. He also felt shooting pain from the low back down his leg, thigh and knee on the left that was marked and constant. The worsening of condition is what brought him to our clinic."
2. Respondent: No position statement noted:

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 11-21-01 and extending through 12-17-02.
2. The Carrier has denied the disputed charges as reflected on the EOBs as, “E1 – Entitlement. Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier”; “0 – Upon review of your request for a reconsideration, no additional benefits is recommended at this time.”
3. A TWCC-21 dated 12-20-01, was filed and states, “The carrier accepts injury of contusion to left pinky and contusion to left thigh. Carrier disputes any other diagnosis or extent of injury as not related to the accepted compensable injury, not suffered in the course and scope of employment, and not in any way compensable. Lumbar and thoracic regions are not a result of or causally related to the compensable injury. Investigation and Peer Review clearly support carrier position...”.
4. Review of the Dispute Resolution Information System, reflected a BRC was held on 7-25-02 and the parties agreed claimant’s compensable injury did include or extend to include a low back sprain/strain.
5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11-21-01 11-23-01 11-28-01 12-17-01	97035 for all dates of service	\$22.00 \$22.00 \$22.00 \$22/00	\$-0-	E 1 for all dates of service	\$22.00 per 15 minute unit	Section 408.021 of the Texas Labor Code; CPT descriptor	<p>The Carrier has denied the disputed service as “E1 – Entitlement. Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier”.</p> <p>A TWCC 21 was filed which indicated, “The carrier accepts injury of contusion to left pinky and contusion to left thigh. Carrier disputes any other diagnosis or extent of injury as not related to the accepted compensable injury, not suffered in the course and scope of employment, and not in any way compensable. Lumbar and thoracic regions are not a result of or causally related to the compensable injury. Investigation and Peer Review clearly support carrier position...”.</p> <p>However, review of the Dispute Resolution Information System (DRIS), reflects a BRC was held on 7-25-02 and the parties agreed claimant’s compensable injury did include or extend to include a low back sprain/strain.</p> <p>Therefore reimbursement is recommended in the amount of <b>\$88.00</b>. (\$22.00 x 4 dates of service = \$88.00)</p>

11-21-01 11-23-01 11-26-01 12-17-01	97124 for all dates of service	\$112.00 \$56.00 \$56.00 \$56.00	\$-0-	E 1 for all dates of service	\$28.00 per 15 minute unit	Section 408.021; CPT descriptor	<p>The Carrier has denied the disputed service as “E1 – Entitlement. Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier”.</p> <p>A TWCC 21 was filed which indicated, “The carrier accepts injury of contusion to left pinky and contusion to left thigh. Carrier disputes any other diagnosis or extent of injury as not related to the accepted compensable injury, not suffered in the course and scope of employment, and not in any way compensable. Lumbar and thoracic regions are not a result of or causally related to the compensable injury. Investigation and Peer Review clearly support carrier position...”.</p> <p>However, review of the Dispute Resolution Information System (DRIS), reflects a BRC was held on 7-25-02 and the parties agreed claimant’s compensable injury did include or extend to include a low back sprain/strain.</p> <p>Therefore reimbursement is recommended in the amount of <b>\$280.00</b> (\$56.00 x 5 units = \$280.00)</p>
11-21-01 11-23-01	97032 for all dates of service	\$22.00 \$22.00	\$-0-	E 1 for all dates of service	\$22.00 per 15 minute unit	Section 408.021; CPT descriptor	<p>The Carrier has denied the disputed service as “E1 – Entitlement. Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier”.</p> <p>A TWCC 21 was filed which indicated, “The carrier accepts injury of contusion to left pinky and contusion to left thigh. Carrier disputes any other diagnosis or extent of injury as not related to the accepted compensable injury, not suffered in the course and scope of employment, and not in any way compensable. Lumbar and thoracic regions are not a result of or causally related to the compensable injury. Investigation and Peer Review clearly support carrier position...”.</p> <p>However, review of the Dispute Resolution Information System (DRIS), reflects a BRC was held on 7-25-02 and the parties agreed claimant’s compensable injury did include or extend to include a low back sprain/strain.</p> <p>Therefore reimbursement is recommended in the amount of <b>\$44.00</b>. (\$22.00 x 2 dates of service = \$44.00)</p>

11-23-01 11-26-01 11-28-01 12-17-01	99211 for all dates of service	\$18.00 \$18.00 \$18.00 \$18.00	\$-0-	E 1 for all dates of service	\$18.00	Section 408.021; CPT descriptor	<p>The Carrier has denied the disputed service as “E1 – Entitlement. Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier”.</p> <p>A TWCC 21 was filed which indicated, “The carrier accepts injury of contusion to left pinky and contusion to left thigh. Carrier disputes any other diagnosis or extent of injury as not related to the accepted compensable injury, not suffered in the course and scope of employment, and not in any way compensable. Lumbar and thoracic regions are not a result of or causally related to the compensable injury. Investigation and Peer Review clearly support carrier position...”.</p> <p>However, review of the Dispute Resolution Information System (DRIS), reflects a BRC was held on 7-25-02 and the parties agreed claimant’s compensable injury did include or extend to include a low back sprain/strain.</p> <p>Therefore reimbursement is recommended in the amount of <b>\$72.00</b>. (\$22.00 x 4 dates of service = \$72.00)</p>
11-26-01 11-28-01 12-17-01	97113 for all dates of service	\$208.00 \$208.00 \$208.00	\$-0-	E 1 for all dates of service	\$52.00 per 15 minute unit	Section 408.021; CPT descriptor	<p>The Carrier has denied the disputed service as “E1 – Entitlement. Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier”.</p> <p>A TWCC 21 was filed which indicated, “The carrier accepts injury of contusion to left pinky and contusion to left thigh. Carrier disputes any other diagnosis or extent of injury as not related to the accepted compensable injury, not suffered in the course and scope of employment, and not in any way compensable. Lumbar and thoracic regions are not a result of or causally related to the compensable injury. Investigation and Peer Review clearly support carrier position...”.</p> <p>However, review of the Dispute Resolution Information System (DRIS), reflects a BRC was held on 7-25-02 and the parties agreed claimant’s compensable injury did include or extend to include a low back sprain/strain.</p> <p>Therefore reimbursement is recommended in the amount of <b>\$624.00</b>. (\$52.00 x 12 units = \$624.00)</p>

11-26-01 11-28-01	97265 for all dates of service	\$43.00 \$43.00	\$-0-	E 1 for all dates of service	\$43.00	Section 408.021; CPT descriptor	<p>The Carrier has denied the disputed service as “E1 – Entitlement. Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier”.</p> <p>A TWCC 21 was filed which indicated, “The carrier accepts injury of contusion to left pinky and contusion to left thigh. Carrier disputes any other diagnosis or extent of injury as not related to the accepted compensable injury, not suffered in the course and scope of employment, and not in any way compensable. Lumbar and thoracic regions are not a result of or causally related to the compensable injury. Investigation and Peer Review clearly support carrier position...”.</p> <p>However, review of the Dispute Resolution Information System (DRIS), reflects a BRC was held on 7-25-02 and the parties agreed claimant’s compensable injury did include or extend to include a low back sprain/strain.</p> <p>Therefore reimbursement is recommended in the amount of <b>\$86.00</b>. (\$42.00 x 2 dates of service = \$86.00)</p>
11-28-01	97022-22	\$40.00	\$-0-	E 1 for all dates of service	\$40.00	Section 408.021; MFG: Medicine Ground Rule (I) (C ) (7); CPT Descriptor	<p>The Carrier has denied the disputed service as “E1 – Entitlement. Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier”.</p> <p>A TWCC 21 was filed which indicated, “The carrier accepts injury of contusion to left pinky and contusion to left thigh. Carrier disputes any other diagnosis or extent of injury as not related to the accepted compensable injury, not suffered in the course and scope of employment, and not in any way compensable. Lumbar and thoracic regions are not a result of or causally related to the compensable injury. Investigation and Peer Review clearly support carrier position...”.</p> <p>However, review of the Dispute Resolution Information System (DRIS), reflects a BRC was held on 7-25-02 and the parties agreed claimant’s compensable injury did include or extend to include a low back sprain/strain. There was not documented appeal noted in the DRIS.</p> <p>Therefore reimbursement is recommended in the amount of <b>\$40.00</b></p>
<b>Totals</b>		\$1,234.00	\$-0-				The Requestor is entitled to reimbursement in the amount of <b>\$1,234.00</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$1,234.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

MDR: M4-02-2644-01

This Order is hereby issued this 18<sup>th</sup> day of October 2002.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

LL/ll